

2007 Benefits Grid

Benefit	Commonwealth Essential		Commonwealth Enhanced		Commonwealth Premier		Commonwealth Select	
	In-network	Out-of-Network	In-network	Out-of-Network	In-network	Out-of-Network	In-network	Out-of-Network
Annual Deductible	Single - \$750 Family - \$1,500	Single - \$1,500 Family - \$3,000	Single - \$250 Family - \$500	Single - \$500 Family - \$1,000	Single - \$250 Family - \$500	Single - \$500 Family - \$1,000	Single - \$2,000 Family - \$3,000	Single - \$2,000 Family - \$3,000
Co-insurance	Plan pays - 75% You pay - 25%	Plan pays - 50% You pay - 50%	Plan pays - 80% You pay - 20%	Plan pays - 60% You pay - 40%	Plan pays - 90% You pay - 10%	Plan pays - 70% You pay - 30%	Plan pays - 90% You pay - 10%	Plan pays 60% You pay - 40%
Annual Out-of-Pocket Maximum	Single - \$3,500 Family - \$7,000	Single - 7,000 Family - \$14,000	Single - \$1,250 Family - \$2,500	Single - \$2,500 Family - \$5,000	Single - \$1,000 Family - \$2,000	Single - \$2,000 Family - \$4,000	Single - \$3,000 Family - \$4,500	Single - \$4,000 Family - \$6,000
	Excludes prescription drugs expenses and emergency room co-pays.		Excludes prescription drug co-pays, office visit co-pays, emergency room co-pays and urgent care co-pays		Excludes prescription drug co-pays, office visit co-pays, emergency room co-pays and urgent care co-pays		All covered expenses apply to the out-of-pocket maximum	
Health Reimbursement Account Funds	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Single - \$1,000 Parent Plus \$1,500 Couple - \$1,500 Family - \$2,000 Refer to page 29 for additional information on how the HRA works	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Hospital Services								
Inpatient Hospital (semi-private room)	Deductible then 25%	Deductible then 50%	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Outpatient Surgery	Deductible then 25%	Deductible then 50%	Deductible then 20%*	Deductible then 40%*	Deductible then 10%	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Outpatient Diagnostic X-ray and Lab	Deductible then 25%	Deductible then 50%	\$10 per provider/member/site	Deductible then 40%*	\$10 per provider/member/site	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Pre-admission Testing	Deductible then 25%	Deductible then 50%	\$10 co-pay	Deductible then 40%*	\$10 co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Emergency Room	\$50 co-pay then deductible and 25%	\$50 co-pay then deductible and 50%	\$50 co-pay plus 20%*	\$50 co-pay then Deductible then 40%*	\$50 co-pay plus 10%*	\$50 co-pay then deductible plus 30%*	Deductible then 10%*	Deductible then 40%*
	Co-pay waived if admitted		Co-pay waived if admitted		Co-pay waived if admitted			
Emergency Room Physician	Deductible then 25%	Deductible then 50%	20%*	40%*	10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Other Facility Services								
Free Standing Surgical Facility	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*

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Urgent Care Facility	Deductible then 25%*	Deductible then 50%*	\$20 co-pay	Deductible then 40%*	\$20 co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Physician Services								
Qualified Practitioner (Office Visits)	Deductible then 25%*	Deductible then 50%*	\$10 co-pay	Deductible then 40%*	\$10 co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Qualified Practitioner (Other than Office Visits)	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Injections (other than routine)	Deductible then 25%*	Deductible then 50%*	\$10 co-pay	Deductible then 40%*	\$10 co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Diagnostic X-ray and Lab								
Office setting (same site/same day as office visit)	Deductible then 25%*	Deductible then 50%*	Payable at 100% after office visit co-pay	Deductible then 40%*	Payable at 100% after office visit co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Independent Lab	Deductible then 25%*	Deductible then 50%*	Payable at 100% after office visit co-pay	Deductible then 40%*	Payable at 100% after office visit co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Outpatient x-ray	Deductible then 25%*	Deductible then 50%*	\$10 co-pay	Deductible then 40%*	\$10 co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Inpatient setting	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Emergency Room setting	Deductible then 25%* after emergency room co-pay	Deductible then 50%* after emergency room co-pay	20%* after emergency room co-pay	40%* after emergency room co-pay	10%* after emergency room co-pay	30%* after emergency room co-pay	Deductible then 10%*	Deductible then 40%*
Anesthesia and Surgery Services								
Office or Clinic setting	Deductible then 25%*	Deductible then 50%*	\$10 office visit co-pay	Deductible then 40%	\$10 office visit co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Inpatient or outpatient setting	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Routine Child Care Ages 0 - 18								
Exam and Immunizations	Payable at 100%	Payable at 100%	\$10 co-pay	Deductible then 40%*	\$10 co-pay	Deductible then 30%*	Payable at 100%	Not Covered
Lab and X-ray (same site/same day as office visit)	Payable at 100%	Payable at 100%	Payable at 100%	Deductible then 40%*	Payable at 100%	Deductible then 30%*	Payable at 100%	Not Covered

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Routine Adult Care Ages 18 and older								
Exam and testing	Payable at 100%	Payable at 100%	\$10 co-pay	Deductible then 40%*	\$10 co-pay	Deductible then 30%*	Payable at 100%	Not Covered
	Sometimes during the course of a screening procedure (routine wellness or preventive care), abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and your provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by your provider. This may result in a possible difference in your co-pay and/or coinsurance.							
Lab and x-ray (same site/same day as office visit)	Payable at 100%	Payable at 100%	Payable at 100%	Deductible then 40%*	Plan pays 100%	Deductible then 30%*	Payable at 100%	Not Covered
Inpatient Newborn Benefits								
Well newborn	25%*	50%*	20% co-insurance*	40% co-insurance*	10% co-insurance*	30% co-insurance*	Deductible then 10%*	Deductible then 40%*
Sick Newborn	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Maternity Care								
Prenatal care, labor, delivery, postpartum care, and one ultrasound per pregnancy (additional ultrasounds subject to prior plan approval)	Deductible then 25%*	Deductible then 50%*	\$10 co-pay (limited to office visit in which pregnancy is diagnosed). Delivery charge subject to Deductible then 20%*	Deductible then 40%*	\$10 co-pay (limited to office visit in which pregnancy is diagnosed). Delivery charge subject to Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Chemotherapy and Radiation Therapy								
Office or Clinic Setting	Deductible then 25%*	Deductible then 50%*	\$10 co-pay	Deductible then 40%*	\$10 co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Outpatient Hospital Setting	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Miscellaneous Benefits								
Autism Service	\$500 monthly maximum		\$500 monthly maximum		\$500 monthly maximum		\$500 monthly maximum	
Rehabilitative and therapeutic care services	Deductible then 25%*	Deductible then 50%*	\$10 co-pay	Deductible then 40%*	\$10 co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Respite care children ages 2 through 21	Deductible then 25%*	Deductible then 50%*	Deductible then 50%*	Deductible then 50%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Ambulance Services	Deductible then 25%*	Deductible then 25%*	Deductible then 20%*	Deductible then 20%*	Deductible then 10%*	Deductible then 10%*	Deductible then 10%*	Deductible then 10%*

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	In-network	Out-of-Network	In-network	Out-of-Network	In-network	Out-of-Network	In-network	Out-of-Network
Skilled Nursing Facility	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
	Maximum of thirty (30) days per calendar year		Maximum of thirty (30) days per calendar year		Maximum of thirty (30) days per calendar year		Maximum of thirty (30) days per calendar year	
Home Health Care	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
	Maximum of sixty (60) visits per calendar year		Maximum of sixty (60) visits per calendar year		Maximum of sixty (60) visits per calendar year		Maximum of sixty (60) visits per calendar year	
Hospice Care	Same as Medicare		Same as Medicare		Same as Medicare		Same as Medicare	
Physical Therapy	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
	Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year	
Occupational Therapy	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
	Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year	
Speech Therapy	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
	Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year	
Cardiac Rehabilitation Therapy (Phase I and II)	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
	Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year		Maximum of thirty (30) visits per calendar year	
Rehabilitation Centers	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
Hearing Aids (Covered persons under 18 years of age)	Deductible then 25%*	Deductible then 50%*	Deductible then 20%*	Deductible then 40%*	Deductible then 10%*	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
	One (1) hearing aid per ear every 3 years, up to a maximum benefit of \$1,400 per ear		One (1) hearing aid per ear every 3 years, up to a maximum benefit of \$1,400 per ear		One (1) hearing aid per ear every 3 years, up to a maximum benefit of \$1,400 per ear		One (1) hearing aid per ear every 3 years, up to a maximum benefit of \$1,400 per ear	
Chiropractor, exam, therapy, manipulations	Deductible then 25%*	Deductible then 50%*	\$10 co-pay	Deductible then 40%*	\$10 co-pay	Deductible then 30%*	Deductible then 10%*	Deductible then 40%*
	Maximum of 26 visits per calendar year, no more than 1 visit per day.		Maximum of 26 visits per calendar year, no more than 1 visit per day.		Maximum of 26 visits per calendar year, no more than 1 visit per day.		Maximum of 26 visits per calendar year, no more than 1 visit per day.	

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	In-network	Out-of-Network	In-network	Out-of-Network	In-network	Out-of-Network	In-network	Out-of-Network
Prescription Drugs								
Retail Pharmacy thirty (30) day supply								
	25%							
	Min	Max						
1 st Tier	\$10	\$25		\$5	40%	\$5	30%	10%* 30%*
2 nd Tier	\$30	\$50		\$15**	40%	\$15**	30%	10%* 30%*
3 rd Tier	\$35	\$100		\$30**	40%	\$30**	30%	10%* 30%*
Mail Order (ninety (90) day supply								
	25%							
	Min	Max						
1 st Tier	\$20	\$50		\$10		\$10		10%* 10%*
2 nd Tier	\$60	\$100		\$30		\$30		10%* 10%*
3 rd Tier	\$70	\$200		\$60		\$60		10%* 10%*

*Applies to out-of-pocket maximum.

**After the 75th prescription has been filled, excluding mail order, the co-payment will reduce to \$10 2nd tier and \$20 3rd tier.

The DEI has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2007 Summary Plan Description will determine how benefits are paid.